



**MHSA CSS Other One-Time Funding Request  
For A Mental Health Information Technology Project**

Date: \_\_\_\_\_

County: \_\_\_\_\_

IT Project Title: \_\_\_\_\_

*If more than one IT project, please complete one funding request for each project.*

*Please check one or more boxes that describe this IT project.*

- ☐ New system
- ☐ Extend the number of users of an existing system
- ☐ Extend the functionality of an existing system

*Please check one or more boxes that describe overall IT project objective(s).*

- ☐ Supports the Client and Services Information (CSI) System
- ☐ Supports the MHSA Full Service Partner Data Collection and Reporting (DCR) System
- ☐ Improves IT system functionality used to collect and report client information

**1) Overview of Solution or Product**

*Please provide a clear description of the solution that this funding will support.*

**2) Relationship to MHSA CSS Plan: How Does this Solution Benefit Mental Health Consumers and Families?**

*Describe how this solution supports your county's MHSA plans. Site specific plan sections.*

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**3) Relationship to County IT Strategic Plan**

*Describe how this solution is incorporated in your county's IT Strategic Plan.*

**4) Interfaces to Other Systems**

*Describe how this solution will interface with other systems, including systems in other county agencies, if applicable.*

**5) Hardware and Software**

*List the hardware and software that this solution or product will use.*

**6) Security Management**

*Explain the security management that this solution or product will use. Note HIPAA compliance.*

**7) One-Time and On-Going Costs**

*List the one-time and on-going costs associated with this solution. List the totals for hardware, software, consultants, staffing to be paid for by this request and any matching totals paid by non-MHSA sources.*

**8) Specific Objectives to be Accomplished with this Funding Request**

*List the specific objectives that this funding will accomplish for this solution.*

**9) Schedule of Activities**

*Provide the schedule of activities for this solution.*

**County Approvals for a Mental Health IT Project Using MHSA Funding**

<hr/>		Submitter
Signature	Date	
<hr/>		MH Chief Information Officer (or in small counties, the person designated as responsible for Mental Health IT issues)
Printed Name	Title	
<hr/>		
Signature	Date	
<hr/>		MH HIPAA Security Officer
Printed Name	Title	
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Signature	Date	
<hr/>		MH Director
Printed Name	Title	
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Signature	Date	
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Printed Name	Title	